2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

06 MAY -8 AM 9:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

DOCUMENT # P04000068406

1. Entity Name
THROUGHBRED PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~2700 WEST CYPRESS CREEK ROAD~~	~~2700 WEST CYPRESS CREEK ROAD~~
~~D-134~~	~~D-134~~
~~FT. LAUDERDALE, FL 33309 US~~	~~FT. LAUDERDALE, FL 33309 US~~

05052006 REIN-P CR2E098 (11/05)

2. Principal Place of Business		3. Mailing Address	
2385 Executive Center Dr.		2385 Executive Center Dr.	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: Boca Raton, FL		City & State: Boca Raton, FL	
Zip: 33431	Country: US	Zip: 33431	Country: US

4. FEI Number: 20-1057789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YUZARY, ANZHELIKA
~~2700 WEST CYPRESS CREEK ROAD~~
~~D-134~~
~~FT. LAUDERDALE, FL 33309~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2385 Executive Center Drive
Suite 100
City Boca Raton FL Zip Code 33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YUZARY, ANZHELIKA ~~2700 WEST CYPRESS CREEK ROAD, D-134~~ ~~FT. LAUDERDALE, FL 33434~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2385 Executive Center Dr., Suite 100 Boca Raton, FL 33431
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900007526750 9 05/25/06--01014--009 **300.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] X 5-5-06 X 561-988-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #